MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07946

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH — COUNTY: CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BRYANTOWN (RURAL) — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BRYANTOWN (RURAL)
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Last) BOOTH

4. DATE OF DEATH (Month) AUGUST (Day) 25 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: NEGRO-US

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) WIDOWED

8. DATE OF BIRTH: OCTOBER 11, 1902

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): BRYANTOWN, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE BOOTH

14. MOTHER'S MAIDEN NAME: MARGARET G. STEWART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MELLIE BOOTH; BRYANTOWN, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS, ACUTE — 6 days.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST 24, 1951, to AUGUST 25, 1951, that I last saw the deceased alive on AUGUST 25, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE: John H. Griffin, M.D. (Degree or title) — ADDRESS: Hughesville, Md. — DATE SIGNED: 8/25/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 8-28-51 — NAME OF CEMETERY OR CREMATORY: St Marys — LOCATION (City, town, or county): Bryantown (State): Md

DATE REC'D BY LOCAL REG.: 8/27/51 — REGISTRAR'S SIGNATURE: M. L. Moore — 24. FUNERAL DIRECTOR: Hewitt & Ryan — ADDRESS: Waldorf Md

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

RECEIVED
AUG 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07947

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	VERONICA	Svette	BUTLER		8	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
F	C	S	5-1-51	yrs.	3	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	WALDORF	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Wm Butler	Mary Alice Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	NONE	Joseph Butler Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.5 **Immediate cause** (a) Unknown — 8-28-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

200 (b)

(c) NONE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	HOME	WALDORF	CHAS	Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. Modelew	M.D.	La Plata, Md	8-29-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	8/30/51	St Marys	Bryantown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/51	[illegible]	Huntt & Ryon	Waldorf Md

40 5011 339283

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115A

RECEIVED
AUG 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07948

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mason Springs
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Tennessee COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Gates, Tennessee
STREET ADDRESS (If rural, give location) Rural, Rt. 1., Gates, Tennessee

3. NAME OF DECEASED (Type or Print) (First) JOHNnie (Middle) Clifton (Last) CRINER
4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-29-23
9. AGE last birthday 27 yrs. If under 1 year Months 8 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME David Frank AKIN
14. MOTHER'S MAIDEN NAME Virgue AKIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1942-1951
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Navy Records, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Neck	8-21-51
819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auto accident	8-21-51
170e	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 21 (Year) 51 (Hour) 11:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident c̄ fixed object

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 8-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/22/51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Bethesda (State) Md
DATE REC'D BY LOCAL REG. 8/22/51
REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR U. S. Navy, Indian Head, Md ADDRESS

673916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1A

RECEIVED
AUG 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07949

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nyman Road — LENGTH OF STAY (in this place): Three days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) George W. (Middle) (Last) Grimes

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-30-94
9. AGE last birthday: 57 yrs. — If under 1 year: Months 7, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Adamstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chas H Grimes
14. MOTHER'S MAIDEN NAME: Maggie Schaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Ward War I, U.S. Army
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Ella Grimes, Germantown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 day
420.1 Antecedent cause(s)	(b) Malnutrition	Several years
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1951, to 8-10, 1951, that I last saw the deceased alive on 8-10, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE: James E. Andrews (Degree or title) ADDRESS: Mt Airy Road DATE SIGNED: Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8/13/51
NAME OF CEMETERY OR CREMATORY: Mt Olivet
LOCATION (City, town, or county): Frederick, Md. (State)

DATE REC'D BY LOCAL REG.: 8/10/51
REGISTRAR'S SIGNATURE: Julia H. Casey
24. FUNERAL DIRECTOR: Frank C. Gartner — ADDRESS: Gaithersburg, Md.

390916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

079510

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall — LENGTH OF STAY (in this place) 13 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Guy	Hennings	Aug.	15	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	January 2, 1865	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Amusement Concession Operator		Corning N. Y.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Bernard Hennings	Ella Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Mrs. L. C. Addison, Marshall Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	18 days.
420.1 Antecedent cause(s)	
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus (Mild).	4 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/28, 1957, to 8/15, 1957, that I last saw the deceased alive on 8/14, 1957, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Smith G. Swann M.D.	Indian Head, Md	8-15-57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/17/57	Cedar Hill Cemetery	~~Washington D.C.~~ Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/18/57	Odey Price	Simmons Bros 2007 Nicholson S.E. Washington D.C.

240859

RECEIVED
SEP 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1 0

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY King George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owens Va.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) David (Last) Hodge
4. DATE OF DEATH (Month) Aug. (Day) 28, (Year) 1951
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH May 10, 1924
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAVOR
10b. KIND OF BUSINESS OR INDUSTRY U.S.N. Provincy Ground
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Stephen Hodge
14. MOTHER'S MAIDEN NAME Ada Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lawrence Hodges, Owens, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) DROWNING

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River (CITY OR TOWN) Potomac Rd. (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-28-51 3 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS Lawleta Md. DATE SIGNED 8-28-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 31, 1951
NAME OF CEMETERY OR CREMATORY Little Ark.
LOCATION (City, town, or county) Owens, (State) Va.
DATE REC'D BY LOCAL REG. 8/31/51
REGISTRAR'S SIGNATURE [illegible] H. [illegible]
24. FUNERAL DIRECTOR Brown's Funeral Home, Fredericksburg, Va. by Mildred B. Johnson. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY King George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DAHLGREN - VA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) Agustus (Last) JORDAN
4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1951
5. SEX M
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 1934
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Schoolboy)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Roy Jordan
14. MOTHER'S MAIDEN NAME Mary Allen.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Roy Jordan, Dahlgren, Va

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Drowning	8-28-51
929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
183	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Potomac River (COUNTY) CHAS (STATE) MD.
TIME OF INJURY (Month) 8 (Day) 28 (Year) 51 (Hour) 3 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? SWIMMING

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1951
NAME OF CEMETERY OR CREMATORY Little Ark.
LOCATION (City, town, or county) (State) Owens, Va.
DATE REC'D BY LOCAL REG. 8/31/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Brown's Funeral Home by Frederick by W. by Mildred B Johnson. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

253

Reg. Dist. No. 150

1. PLACE OF DEATH COUNTY: Charles. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laplata
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Clinton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) THEODORE (Last) MATTLY
4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9-20-10
9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Fed. security legislation
11. BIRTHPLACE (State or foreign country): Clinton Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Mattly
14. MOTHER'S MAIDEN NAME: Mamie J. Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: John H. Sanford, Jr. Clinton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 8-18-51

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

942 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE: R. J. Edelen (Degree or title) M.D. ADDRESS: Laplata, Md DATE SIGNED: 8-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 8/21/51 NAME OF CEMETERY OR CREMATORY: Washington National LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REG.: 8/21/51 REGISTRAR'S SIGNATURE: Julia H. Vasey
24. FUNERAL DIRECTOR: Simmons Bros. ADDRESS: 2001 Nichols Ave SE Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIDA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS Form 5 9-45-15M

1. PLACE OF DEATH

County: Charles

City or town: Accokeek (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Mary Cora Munson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1876

8. AGE: Years: 75 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Accokeek, Prince Georges Co Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER 12. Name: Raphael Munson

13. Birthplace: ?

MOTHER 14. Maiden name: Susan —

15. Birthplace: ?

16. Informant: Piscataway, Md.

Address: Sarah Sanders

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 23 51 (month) (day) (year)

Cemetery or crematory:

Location: Piscataway, Md.

18. Funeral director: Hurst & Dyson

Address: Waldorf Md

19. 8/21/51 (Date rec'd by registrar) Julia H Barry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 20 1951, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 20 1951, to 19, and that I last saw her alive on June 20 1951

Immediate cause of death	DURATION
Chr. Cardiac Disease	
Due to 434.3	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bicknell M.D. M. D. or other

Address: Marbury Md Date signed: Aug 24 51

Cause of death 9-4-51 Film G135 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

~~FOR MEDICAL EXAMINERS~~

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Mc Conchie MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Conchie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) V (Last) Riley
4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1951
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb. 19, 1913
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME AGUSTUS JONES
14. MOTHER'S MAIDEN NAME ELIZABETH BARNES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Robt Riley Welcome Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS 6-5-51

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b II (c) OSTEO SARCOMA 4-2-49

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. X
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE R. J. Edelen M. D. (Degree or title) ADDRESS La Plata Md DATE SIGNED 8-21-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-26, 1951
NAME OF CEMETERY OR CREMATORY Hill Top, Md.
LOCATION (City, town, or county) Baptist church - Hill Top (State) Md.

DATE REC'D BY LOCAL REG. 8/26/51
REGISTRAR'S SIGNATURE Mary Southerland
24. FUNERAL DIRECTOR Penny & Cofer ADDRESS Mason Springs Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

356

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) E (Last) RISON

4. DATE OF DEATH (Month) August (Day) 10 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 18, 1887

9. AGE last birthday 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Naval Powder Fcty.

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Richard Rison

14. MOTHER'S MAIDEN NAME Mary Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Pearl Rison, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	2 mins.
443X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive-Arteriosclerotic Cardiovascular Disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Perforated Appendix c̄ Diffuse Peritonitis — 11 days

19a. DATE OF OPERATION Aug. 1-1951

19b. MAJOR FINDINGS OF OPERATION Perforated Appendix c̄ Diffuse Peritonitis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1951, to Aug 10, 1951, that I last saw the deceased alive on Aug 10, 1951, and that death occurred at 4:50 P EST m., from the causes and on the date stated above.

SIGNATURE J. Parran Jarboe (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 8-10-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 8/13/51

NAME OF CEMETERY OR CREMATORY Park Hill

LOCATION (City, town, or county) (State) Marbury Md

DATE REC'D BY LOCAL REG. 8/12/51

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Huntt & Rym, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 1

RECEIVED
1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07957

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata, Md. — LENGTH OF STAY (in this place): [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Rose	(Last) Short	4. DATE OF DEATH	(Month) August	(Day) 22,	(Year) 1951
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]	8. DATE OF BIRTH: [illegible]	9. AGE last birthday: [illegible] yrs.	If under 1 year: Months.	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Servant	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: William Coap	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Katherine Posey, La Plata, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible]	10 [illegible]
420.0 Antecedent cause(s)	(b) Senile arteriosclerotic heart disease	10 [illegible]
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Died August 22, 1951 [illegible] E.S.T. P.M.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb., 1948, to Aug. 22, 1951, that I last saw the deceased alive on [illegible], 1951, and that death occurred at [illegible] EST P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. S. Woodd	M.D.	La Plata.	22 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/25/51	NAME OF CEMETERY OR CREMATORY: Sacred Heart	LOCATION (City, town, or county) (State): La Plata, Md.
DATE REC'D BY LOCAL REG.: 8/24/51	REGISTRAR'S SIGNATURE: Julia H. Posey	24. FUNERAL DIRECTOR: Hunt + Ryon, Waldorf, Md	ADDRESS

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles La Plata MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) Shorter
4. DATE OF DEATH (Month) Aug. (Day) 27 (Year) 1951
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 14, 1912
9. AGE last birthday 38 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day worker
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Walter Shorter
14. MOTHER'S MAIDEN NAME Lorenia Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charles Smith, Pomfret, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

592X Antecedent cause(s) (b) Chronic glomerulonephritis

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity + hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Aug 26 1951, that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 8:50 a m., from the causes and on the date stated above.

SIGNATURE Richard Daly (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 8/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/29/51
NAME OF CEMETERY OR CREMATORY St. Josephs
LOCATION (City, town, or county) (State) Pomfret, Md
DATE REC'D BY LOCAL REG. 8/28/51
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
STREET ADDRESS (If rural, give location) Bryantown Post Office

3. NAME OF DECEASED (Type or Print) (First) Dairy (Middle) Jerome (Last) [illegible]
4. DATE OF DEATH (Month) 8 (Day) 17 (Year) 1951
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb. 21, 1950
9. AGE last birthday 1 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Bryantown, Md.
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME [illegible] Jr.
14. MOTHER'S MAIDEN NAME Bertha Mable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible], Bryantown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coal Oil Ingestion — INTERVAL BETWEEN ONSET AND DEATH 8-17-51

881.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

178x (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Aquasco (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE [illegible] (Degree or title) ADDRESS La Plata Md DATE SIGNED 8-11-51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Aug 18-51
NAME OF CEMETERY OR CREMATORY St Mary Cemetery
LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Hunt & Gray [illegible]
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

C.H.O.

COPY SENT TO ~~LOCAL REGISTRAR NO~~ . DATE 8-30-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07960

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE — LENGTH OF STAY (in this place) LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) SERENA	(Last) STONESTREET	4. DATE OF DEATH	(Month) AUGUST (Day) 19 (Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE - US.	7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) WIDOWED	8. DATE OF BIRTH DECEMBER 21, 1870	9. AGE last birthday 80 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME BENJAMIN KLIMKIEWICZ		14. MOTHER'S MAIDEN NAME MARY FRANCIS WHEATLEY.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —	16. SOCIAL SECURITY No. —	17. INFORMANT AND ADDRESS MRS. MARY JAMESON; HUGHESVILLE, MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIO-SCLEROTIC HEART DISEASE	3 YRS
1200 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	20 YRS (?)
97	(c) NON-SPECIFIC GASTRO-ENTERITIS	5 DAYS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/13, 1951, to 8/19, 1951, that I last saw the deceased alive on 8/18, 1951, and that death occurred at 10 55 (EST) D.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville, Md.	8/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8-22-51	St Marys	Bryantown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/51	Julia H. Pasey	Hewitt & Ryan	Hardy Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Cause of death Film G135 8-29-51 ams.

61

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Theodore (Last) Sunstone
4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 18-1895
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret
10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY [illegible]
13. FATHER'S NAME Hampson Sunstone
14. MOTHER'S MAIDEN NAME Helga Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS [illegible] Sunstone Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Apoplexy

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis - primary site presumably Gastric. (8-29-51 - ams)

4625 (c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1937, to Aug 6, 1951, that I last saw the deceased alive on Aug - 2, 1951, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Waldorf Md. DATE SIGNED 8/7/51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 8/8/51
NAME OF CEMETERY OR CREMATORY St Mary's
LOCATION (City, town, or county) (State) Piscataway Md

DATE REC'D BY LOCAL REG. 8-8-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Hunt & Gonzalez Wdy Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville — LENGTH OF STAY (in this place) 8 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) (Last) TIPPETT

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB-1-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Phillip Tippett

14. MOTHER'S MAIDEN NAME: MARY ELIZABETH RAILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: MRS Edith THOMPSON (DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ARTERIO-SCLEROTIC HEART DISEASE	4 YEARS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY SCLEROSIS	4 YEARS
	(c) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS

420.0
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1947, to Aug. 26, 1951, that I last saw the deceased alive on August 24, 1951, and that death occurred at 2.45 A m., from the causes and on the date stated above.

SIGNATURE: John N. Griffin (Degree or title): M.D. ADDRESS: Hughesville, Md. DATE SIGNED: 8/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/28/51 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Clinton Co. Md.

DATE REC'D BY LOCAL REG. 8/26/51 — REGISTRAR'S SIGNATURE: Julia H Carey

24. FUNERAL DIRECTOR: W.W. CHAMBERS — ADDRESS: 511-11th St SE Wash. D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07963

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CHARLES — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CHARLES — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCOKEEK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELEANOR	WENDELL	AUGUST	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	JUNE 22, 1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ELIAS KELLEY
14. MOTHER'S MAIDEN NAME: MARY ELIZABETH FRELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: MRS. MILDRED HERNDON - 9117 BRADFORD RD. SILVER SPRING, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension.

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JULY 1, 1951, to AUGUST 12, 1951, that I last saw the deceased alive on Aug 12, 1951, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Edward J. Eder, M.D. /per Richard Day, M.D. — La Plata, Md. — 8/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8/12/51	Grangerton	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/12/51	Julia H. Posey	J. Wm. Lee	3004-5th N.E.

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AUG 20 1951
BUREAU V. S.

07964

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
LENGTH OF STAY (in this place) LIFE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) NICHOLAS (Middle) — (Last) WOODLAND

4. DATE OF DEATH (Month) AUGUST (Day) 1 (Year) 1951

5. SEX MALE
6. COLOR OR RACE NEGRO - U.S.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH APRIL 7, 1892
9. AGE last birthday 59 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY ODD JOBS.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME THOMAS WOODLAND
14. MOTHER'S MAIDEN NAME AMELIA GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS HORTENSE WOODLAND (WIFE): HUGHESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE, RIGHT — 16 HOURS

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ESSENTIAL HYPERTENSION — 6 YEARS.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from APRIL 6, 1948, to AUGUST 1, 1951, that I last saw the deceased alive on AUGUST 1, 1951, and that death occurred at 10 45 (EST) p.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin (Degree or title) M.D. ADDRESS Hughesville, Md. DATE SIGNED 8/3/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8/6/51 NAME OF CEMETERY OR CREMATORY ~~Arlington~~ ~~[illegible]~~ LOCATION (City, town, or county) ~~Arlington~~ (State) Brandywine Md

DATE REC'D BY LOCAL REG. 8-4-51 REGISTRAR'S SIGNATURE W. L. Monroe
24. FUNERAL DIRECTOR Kenneth H. Gray ADDRESS Waldorf Md

St Marys Brandywine

970 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1

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AUG 6 19
BUREAU V. S.